08814

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Dynard

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Stillborn Armstrong

3.(b) Social Security Number

4. Sex: m

5. Color or race: col

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-5-1940

8. AGE: Years — Months — Days — If less than one day ..... hrs. — min.

9. Birthplace Dynard (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Aaron Armstrong
13. Birthplace Miles town Md

MOTHER
14. Maiden name Ada Matilda Adams
15. Birthplace Maddox Md

16. Informant James Aaron Armstrong

Address Dynard Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-5-1940 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md

18. Funeral director

Address Aaron Armstrong Dynard Md

19. 8-5-1940 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw him alive on Dead 8-5-1940

Immediate cause of death Premature death in utero

Due to fall on ground

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 8-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 9 1940
BUREAU V. S.

08815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County: St Marys

City or town: Rural near Avenue

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: St Mary's

City or town: Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Avenue

3. (a) FULL NAME: Grace Ella Bailey

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~or wife~~: Jas. C. Bailey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar 4th 1884

8. AGE: Years 46 56 | Months 5 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace: St. Marys Co Md (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Jas Thompson
13. Birthplace: St Marys Co Md

MOTHER
14. Maiden name: unknown
15. Birthplace: St Marys Co Md

16. Informant: Jos. Bailey

Address: Avenue

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Aug 31st 1940 (month) (day) (year)

Cemetery or crematory: Sacred Heart Cemetary

Location: St Marys Co Md

18. Funeral director: Mrs A C Welch Director

Address: Chaptico St Marys Co Md

19. 8-29 (Date rec'd by registrar) 1940 N. S. Parrish Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1940, at about 70 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw her ~~alive~~ dead on Aug 29th 1940

Immediate cause of death: Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: F. F. Greenwell Coroner M. D. or other

Address: Leonardtown Md Date signed: Aug 29-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

08816

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:

County St Mary Hospital

City or town Leonardtown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED: St Marys
(For newborn infants give residence of mother)

State Md County Chas

City or town Mechanicsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Dorothy Ruth Burroughs

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 6 1930

8. AGE: Years 10 | Months 1 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Mechanicsville Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name E. Ray Burroughs
13. Birthplace Mechanicsville Md

MOTHER
14. Maiden name Martha E. Hancock
15. Birthplace St Marys Co Md

16. Informant E Ray Burroughs
Address Mechanicsville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug 3 1940
(month) (day) (year)

Cemetery or crematory All Faiths

Location Near Charlotte Hall Md

18. Funeral director Elmer M. Quade
Address Hughesville Md

19. 8/2 1940 Carmalin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 1940, to Aug 1 1940, and that I last saw her alive on Aug 1 1940.

Immediate cause of death: General Peritonitis

Due to: Ruptured Appendix

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Dt operations Ruptured appendix with general peritonitis
Dt autopsy no.

DURATION: July 30 1940

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Alaysius C. Welch MD
M. D. or other

Address Chaptico St. Marys Date signed Aug 2-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08817

Reg. Diat. No. 2,81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St. Marys
City or town: St. Inigoes
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St Marys
City or town: Rural near St Inigoes
(If outside city or town limits, write RURAL and give nearest town)
Street No. ½ mile south of St Inigoes
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Della Irene Bush

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	widow

6.(b) Name of husband or wife: Will Bush

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): April 1st 1878

8. AGE: Years: 62 | Months: 4 | Days: 8 | If less than one day: ..... hrs. ..... min.

9. Birthplace: St. Marys Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Irvin Carter
13. Birthplace: Virginia

MOTHER
14. Maiden name: Dollie Carter
15. Birthplace: Virginia

16. Informant: James Bush
Address: St. Inigoes Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug-11-1940 (month) (day) (year)
Cemetery or crematory: Mount Zion Cemetery
Location: near St Inigoes Md

18. Funeral director: E. L. Robertson
Address: Dameron Md

19. Aug. 10 1940 (Date rec'd by registrar) O. P. Bean M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9 1940 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1939 to Aug 9 1940 and that I last saw him alive on Aug 7 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis about	1½ years
Due to:	
Due to:	
Other conditions: Pleurisy	April 1939

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: O. P. Bean M.D.
M. D. or other
Address: Great Mills Md Date signed: Aug 10, 1940

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08818

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (8)

County St Mary's Registration Dist. No. 2-8-4

Village or City Mechanicsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Child Smith boy Jones If U. S. veteran, specify WAR

(a) Residence: No. ... St., ... Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col.	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 12 - 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Still born.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. X

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md.

FATHER

13. NAME James Nathaniel Cooper

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

MOTHER

15. MAIDEN NAME Alice Miles

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT (Address) James Nathaniel Cooper Mechanicsville

18. BURIAL, CREMATION, OR REMOVAL Place St Josephs Date Aug 13, 1940

19. UNDERTAKER Hyd Macdaniel (Address) Mechanicsville

20. FILED Aug 13, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 19..., to Aug 12, 19...

I last saw him alive on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Suffocation	
Mother was accidentally	
by a Pyramen or Medicine	

Other **Contributory Causes** of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Levin J Cashman M. D.

(Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1923*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 24 1928
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Birth under Harris

STATE OF MARYLAND—CERTIFICATE OF DEATH

08819

117-a

1. PLACE OF DEATH

County St. Mary's Registration Dist. No. 281

Village or City Hermanville, Md. No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 6 mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Guffrey N. (Smith) Harris If U. S. Veteran, specify WAR .....

(a) Residence: No. Hermanville, Md St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m.	C.	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb 22, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hermanville, Md (State or country) Md.

FATHER

13. NAME Guffrey Smith

14. BIRTHPLACE (city or town) Scotland (State or country) Md

MOTHER

15. MAIDEN NAME Marnett Harris

16. BIRTHPLACE (city or town) Hermanville (State or country) Md

17. INFORMANT Sara Harris (Grandmother) (Address) Hermanville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Zion Fair Cemetery Date Sept 1, 1940

19. UNDERTAKER Thomas Harris (Address) Hermanville, Md

20. FILED Sept 1, 1940 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from unattended, 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 4 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diarrhea	8/10/40

Other Contributory Causes of Importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 19
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

08820

Reg. Diat. No. 7-82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County St. Mary's Maryland
City or town Cedar Point Farm
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pa. County Lycoming
City or town Williamsport Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 811 Rose St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas U. Hart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	S

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1927

8. AGE: Years 12 | Months 9 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Williamsport, Pa.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Ernest Hart

13. Birthplace Williamsport, Pa.

MOTHER 14. Maiden name Kathryn Dittinger

15. Birthplace Williamsport Pa.

16. Informant Wm Ernest Clark

Address Hollywood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 17 1940 (month) (day) (year)

Cemetery or crematory Willowood Cemetery

Location Williamsport Pa.

18. Funeral director Thomas F. Redmond

Address Williamsport Pa.

19. 8/15 1940 Received (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__

and that I last saw him alive on Aug 15 1940

Immediate cause of death	Hemorrhage Accidental	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F F Greenwell Coroner
M. D. or other

Address Leonardtown Md Date signed Aug 15 40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08821

1. PLACE OF DEATH (92-L)

County St. Mary's Registration Dist. No. 282

Village or City Morganza No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Howard Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Morganza, Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 25, 1920

7. AGE Years 19 Months 10 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year) Nov/39

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Morganza, Md

FATHER

13. NAME Vernon Johnson

14. BIRTHPLACE (city or town) (State or country) Morganza Md

MOTHER

15. MAIDEN NAME Annie Myrtle Williams

16. BIRTHPLACE (city or town) (State or country) Mechanicsville Md

17. INFORMANT (Address) Vernon Johnson Morganza Md

18. BURIAL, CREMATION, OR REMOVAL Place St. Josephs Date 8/13, 1940

19. UNDERTAKER (Address) Elmer Quade Hughesville, Md

20. FILED 8/11, 1940 Camalier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1940, to Aug 11, 1940

I last saw him alive on Aug 4, 1940; death is said to have occurred on the date stated above, at 7 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	8 mo

Other Contributory Causes of importance:

Acute Rheumatic fever

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank A. Camalier M. D.

(Address) Leonardtown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08822

93-d

1. PLACE OF DEATH

County St. Mary's. Registration Dist. No. 283

Village or City Bushwood Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas John Nelson Lawrence

(a) Residence: No. Bushwood md St., Ward.

(Usual place of abode) If nonresident give city or town and State

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 10 - 1858

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	14 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Frank Lawrence

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Martha Ellis

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT George Lawrence
(Address) Bushwood Md

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Aug 5, 1940

19. UNDERTAKER Rose E. Welch
(Address) Chaptico Maryland

20. FILED Aug. 3, 1940 L. B. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 2. (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1940, to Aug 2, 1940

I last saw him alive on Aug 1 -, 1940; death is said to have occurred on the date stated above, at 4 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Degeneration	?

Other **Contributory Causes** of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alayseus C. Welch M. D.

(Address) Chaptico Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN